Division of
Health Care
Finance & Administration

Health Care
Innovation Initiative

Executive Summary

Outpatient Urinary Tract Infection Episode

Corresponds with DBR and Configuration file V1.3

Updated: January 11, 2017

OVERVIEW OF AN OUTPATIENT URINARY TRACT INFECTION (UTI) EPISODE

The outpatient urinary tract infection (UTI) episode revolves around patients who are diagnosed with a UTI in an outpatient setting. The trigger event is an evaluation and management visit in an outpatient or emergency department setting where the primary diagnosis is UTI. In addition, a trigger event can be an evaluation and management visit in an outpatient or emergency department setting where the primary diagnosis is a symptom of UTI and a secondary diagnosis is UTI. All related care – such as imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group who diagnosed the outpatient UTI. The outpatient UTI episode begins on the day of the triggering diagnosis and ends 14 days after the diagnosis.

CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during an outpatient UTI episode to improve the quality and cost of care. Example sources of value include a reduction of subsequent encounters through patient education and the effective use of imaging and testing. Additionally, providers may be able to influence their patients' future site of care selection in case of complications or repeat infections. Furthermore, there is opportunity for improved antibiotic selection and dosage according to medical guidelines.

To learn more about the episode's design, please reference the following documents on our website at www.tn.gov/hcfa/topic/episodes-of-care:

- *Detailed Business Requirements: Complete technical description of the episode*
  http://www.tn.gov/assets/entities/hcfa/attachments/DBRUTIOutpatient.pdf

- *Configuration File: Complete list of codes used to implement the episode*
  http://www.tn.gov/assets/entities/hcfa/attachments/ConfigUTIOutpatientc.xlsx

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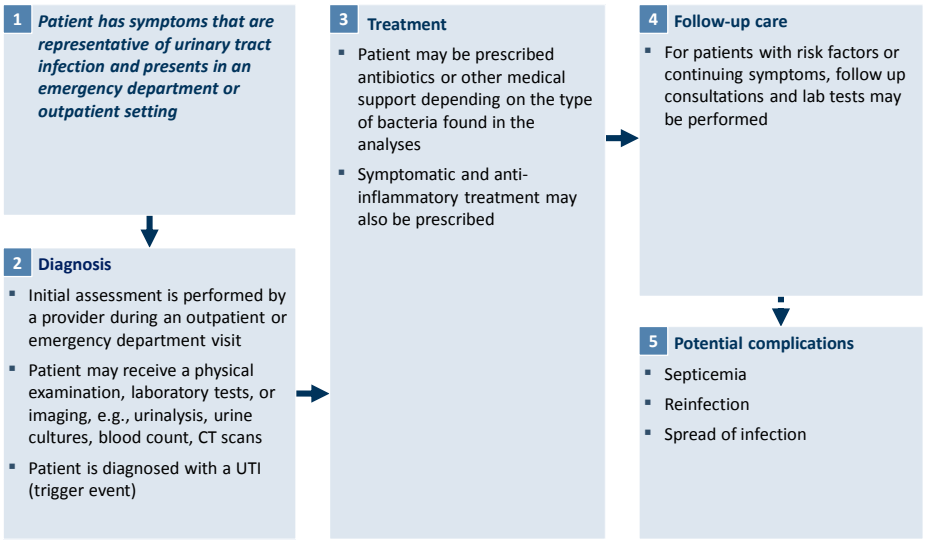
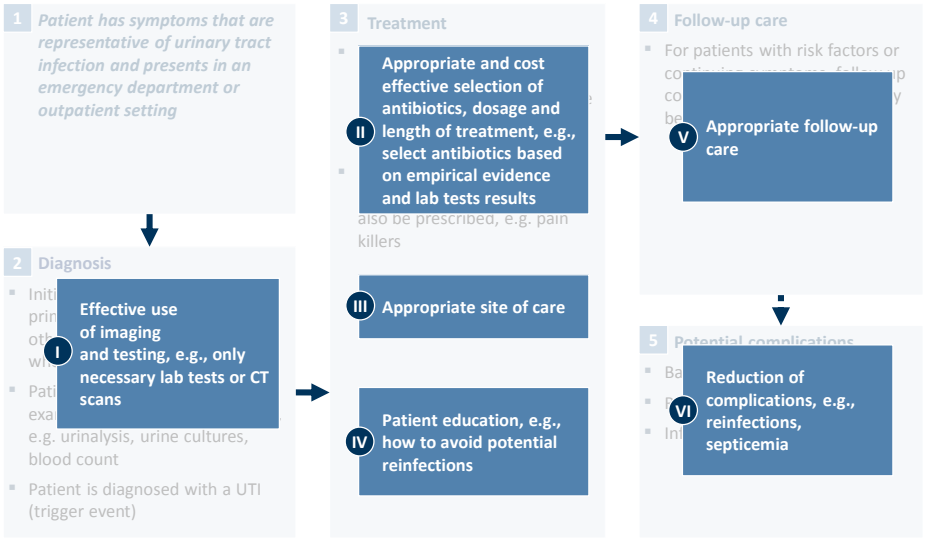
Illustrative Patient Journey



Potential Sources of Value



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ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the outpatient UTI episode, the quarterback is the clinician or group who diagnosed the outpatient UTI. The contracting entity of the professional trigger claim will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the outpatient UTI in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The outpatient UTI episode has no pre-trigger window. The trigger window includes specific evaluation and management visits, specific imaging and testing, specific medications, and specific surgical and medical procedures. The post-trigger window includes care for specific complications, specific evaluation and management visits, specific imaging and testing, specific medications, and specific surgical and medical procedures.

Some exclusions apply to any type of episode, i.e., are not specific to an outpatient UTI episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of ‘left against medical advice’. Other examples of exclusion criteria specific to the outpatient UTI episode include a patient who has

end stage renal disease (ESRD) or an organ transplant. These patients have significantly different clinical courses that cannot be risk adjusted. Furthermore, there may be some factors with a low prevalence that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of outpatient UTI episodes with factors likely to be impacted by risk adjustment include those patients with a history of calculus of urinary tract, sexually transmitted infections, or neurogenic bladder. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the outpatient UTI episode are:

- **Admission within the trigger window for ED triggered episodes:** Percent of valid episodes triggered in an ED setting that had an inpatient admission or observation care, within the trigger window or up to one day after it (lower rate indicative of better performance).
- **Admission within the trigger window for non-ED triggered episodes:** Percent of valid episodes triggered in a non-ED setting that had an inpatient admission or observation care, within the trigger window or up to one day after it (lower rate indicative of better performance).

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Emergency department visit within the post-trigger window:** Percent of valid episodes with a relevant ED visit within the post-trigger window (lower rate indicative of better performance).
- **Admission within the post-trigger window**: Percent of valid episodes with a relevant admission or relevant observation care within the post-trigger window (lower rate indicative of better performance).
- **Pseudomembranous colitis within the post-trigger window:** Percent of valid episodes with pseudomembranous colitis occurring within the post-trigger window (lower rate indicative of better performance).
- **Urinalysis:** Percent of valid episodes with a urinalysis within the episode window (rate not indicative of performance).
- **Urine culture versus Urinalysis:** Percent of valid episodes with a urine culture within the episode window among the valid episodes that also had a urinalysis (rate not indicative of performance)
- **Renal ultrasound for children under two years old within the post-trigger window:** Percent of valid episodes with a renal ultrasound within the post-trigger window, for patients under age two (higher rate indicative of better performance).

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.